



TEXAS

Health and Human Services

Phil Wilson, Interim Executive Commissioner

Request for Applications (RFA)

For

Primary Health Care Services

Solicitation No. HHS0006979

Date of Release: April 2, 2020

Responses Due: April 23, 2020 by 2:00 p.m. Central Time

Class/Item Code:

948-46 Hospital Services, Inpatient and Outpatient

948-47 Health Care Center Services

948-48 Health Care Services (Not Otherwise Classified)

948-55 Medical and Laboratory Services, Non-Physician

***948-87 Telemedical Professional Services**

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Texas Health and Human Services Commission ("HHSC") Medical and Social Services Division announces the availability of funding for Primary Health Care ("PHC") services. HHSC PHC services are intended to ensure that low-income Texas residents, whose gross family income is at or below 200% of the adopted federal poverty income guidelines and who are not eligible for similar services through any other publicly funded programs/benefits, have access to primary health care. To be eligible, PHC program rules require that at a minimum, Applicant must provide six priority primary health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services. Individuals seeking PHC-covered services may be dually-eligible for other HHSC funded programs within an agency that provides the same services, such as Family Planning, Breast and Cervical Cancer Screening Services, or Title V Prenatal or Dental Program(s). The PHC program is the payor of last resort for a Client who is enrolled in any other non-HHSC program that provides payment for the cost of the same primary care services at the time he or she presents for those services. Specific requirements related to the provision of PHC services can be found within the **Exhibit H, HHSC Primary Health Care Policies and Procedures Manual**.

To be considered for award, Applicants must execute **Exhibit A, Affirmations and Solicitation Acceptance**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Uniform Terms and Conditions – Grant** and **Exhibit F, Draft Primary Health Care Grant Contract ("PHC Contract")** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

"10% De Minimis" The 10% De Minimis rate may be elected by an organization that has never received a negotiated indirect cost rate. 2 CFR 200, Subpart E, §200.414 (f) specifies that any non-Federal entity that has never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

"Addendum" means a written clarification or revision to this Solicitation issued by HHSC.

"Apparent Awardee" means an organization that has been selected to receive a Grant non-through response to this Solicitation but has not yet executed a Grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

"Applicant" means the entity responding to this Solicitation. May also be referred to as **"Respondent."**

“Application” is an Application submitted by an Applicant in response to this Solicitation. Used interchangeably with the term “Response,” “Proposal,” or “Offer.”

“Business Days” means Monday through Friday, excluding Texas State and Federal Holidays.

“Client” means a member of the target population to be served by the Applicant's organization. For the purposes of this Grant, a client is an eligible individual receiving PHC services.

“Cost Reimbursement” means a payment mechanism by which Grantees are reimbursed for allowable costs incurred up to the total award amount specified in the Contract. Costs must be incurred in carrying out approved activities and must be based on an approved eight - category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the Contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the Grant Award and subawards.

“Direct costs” means those costs that can be identified specifically with a particular final cost objective, such as a Federal Award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs.

“eGrants” is the electronic marketplace where State of Texas Grant opportunities may be located. The [eGrants](https://txapps.texas.gov/tolapp/eGrants/search.htm) website may currently be accessed at <https://txapps.texas.gov/tolapp/eGrants/search.htm>.

“Grantee” is a Party receiving funds under this Contract. May also be referred to as “Contractor”, “Awarded Applicant”, “Successful Applicant” or “Grant Recipient.”

“Indirect Costs” means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.

“Indirect Cost Rate” is a percentage used to apportion indirect costs to all shared cost centers. Indirect costs are not readily chargeable to a specific cost object (they are common costs shared throughout the organization. An indirect cost rate is simply a device for determining, fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear.

“Indirect Cost Rate Proposal” is the documentation prepared by an organization requesting an indirect cost rate. This package normally includes the proposal, related audited financial statements, and other detail supports such as general ledger, trial balance, etc. Grantees must use the HHS Indirect Cost Rate Proposal templates when requesting to negotiate an indirect cost rate with HHS.

“Key Personnel” means an Applicant organization's project contact, fiscal contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

“Project” means the work and activities for which Grant funding is awarded; information is provided as part of the Application to this Solicitation. During the open Application period and before selection of Grant recipients are made; the Project will be known as the Proposed Project.

“Respondent” means the entity responding to this Solicitation. May also be referred to as “Applicant.”

“State” means the State of Texas and its instrumentalities, including HHS, HHSC and any other State agency, its officers, employees, or authorized agents.

“Telehealth Services” means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this State and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology, as defined in Texas Government Code §531.001(7) (using the meaning assigned by Section 111.001, Occupations Code) as provided through Texas Medicaid.

“Telemedicine Medical Services” means a health care service delivered by a physician licensed in this State, or a health professional acting under the delegation and supervision of a physician licensed in this State, and acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

“Texas Health and Human Services agencies” as used in this Solicitation, exhibits, attachments or Addenda, means both HHSC and the Texas Department of State Health Services, separately or combined.

1.3 AUTHORITY

HHSC is soliciting the service listed herein pursuant to *Texas Health and Safety Code*, Section 31.014 and 25 Texas Administrative Code § 39.1 - § 39.11 (2006) and in accordance with *Texas Government Code* Chapter 531.

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ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

In the early 1980s, an economic recession and costs containment measures on the part of employees and government agencies led to a decrease in the availability and accessibility of health care services for many Texans. A legislative task force identified the provision of primary health care to the medically indigent as a major priority. The task force recommended the following: a range of primary health care services shall be made available to the medically indigent residing in Texas; the Department of State Health Services (DSHS) (now provided by HHSC) shall provide or contract to provide primary health care services to the medically indigent. These services should complement existing services and/or should be provided where there is a scarcity of services. Health education should be an integral component of all primary care services delivered to the medically indigent population. Preventive services should be marketed and made accessible to reduce the use of more expensive emergency room services.

These recommendations became the basis for an indigent health care legislative package enacted by the 69th Texas Legislature in 1985. The Primary Health Care Services Act, House Bill (HB)1844, now codified as *Texas Health and Safety Code*, Chapter 31, was part of this legislation and is the statutory authority for the Primary Health Care Services (PHC) administered by DSHS at the time and now by HHSC. The Act delineates the specific target population, eligibility, reporting, and coordination requirements for PHC. The rules for PHC services in Texas can be found in the [Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 39, Subchapter A](#).

In 2013, the 83rd Texas Legislature approved legislation and funding to expand the services available and extend eligibility to Texas residents at or below 200% of the Federal Poverty Level (FPL). PHC provides primary health care services for individuals who are unable to access the same care through other funding sources or programs. PHC program rules require that, at a minimum, an Applicant must provide the following six priority health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services, including immunizations; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services. Specific requirements related to the provision of PHC services can be found within the **Exhibit H, HHSC Primary Health Care Policies and Procedures Manual**.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The total amount of State funding available for the Primary Health Care Grant is **\$60,869,200.00 for a five-year term** and it is HHSC's intention to make multiple awards. This program is funded by State general revenue and will be awarded competitively through a Solicitation. There is no matching requirement. The PHC program will use a categorical cost reimbursement method. Reimbursement will be given for allowable costs incurred and supported by reporting the services provided and client-level data. Grantees must bill HHSC on a monthly basis for services delivered using invoice templates provided annually by HHSC. Reimbursement for

administrative costs will be capped at a monthly percentage of expenditures. There will be no pre-award costs or advanced payment(s) allowed under this award.

2.2.2 Monthly Cost Reimbursement Process

Final budgets (including equipment purchases) must be approved by HHSC. For the initial period, Applicant must develop a categorical budget using **Form H, PHC Budget Detail**, allocating HHSC-approved costs to the following categories:

1. Personnel
2. Travel
3. Equipment
4. Supplies
5. Contractual
6. Other
7. Indirect Costs

2.2.3 Grant Term

The initial award is for a one-year contract period and at HHSC's sole discretion, HHSC may exercise the right to extend the contract for up to four years. It is anticipated that the Grant funding period for this program will begin **September 1, 2020**. Reimbursement will only be made for those allowable expenses that occur within the term of the Grant. No pre-award costs will be eligible for reimbursement.

2.3 ELIGIBLE APPLICANTS

In order to be awarded a Contract as a result of this Solicitation:

- A. Applicant must be a governmental entity (health department, hospital district, university medical center, or other State or local agency), a federally qualified health center, or a nonprofit entity.
- B. Applicant must be a Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a Texas Provider Identifier ("TPI") number. The Medicaid number provided must be for the organization itself, and not for individual providers associated with the organization.
- C. Applicant must be established as an appropriate legal entity under State statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in this Solicitation.
- D. Applicant must have a Texas address. A post office box may be used when the Solicitation is submitted, but the Applicant must conduct business at a physical location in Texas prior to the date that the contract is awarded.
- E. Applicant must not be debarred, suspended, or otherwise excluded or ineligible for participation in federal or State assistance programs.
- F. Applicant's staff members, including the executive director, must not serve as voting members on Applicant's governing board.
- G. Applicant is not considered eligible to contract with HHSC, regardless of the funding source, if a name match is found on any of the following lists:

1. The General Services Administration's (GSA) [System for Award Management \(SAM\)](#) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits;
2. The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search can be located at <https://oig.hhsc.state.tx.us/oigportal2/Exclusions;>
3. [Iran, Sudan, & Foreign Terrorist Organizational Check and Boycott Israel](#), prior to award, the purchaser must check the divestment lists in accordance with the Texas Government Code; and
4. [Texas Comptroller Public Accounts \(CPA\) Franchise Tax Check](#).

Applicants must meet these requirements throughout the entirety of the Application process and, if chosen for Grant Award, must continue to meet them through the entirety of the Grant funding period. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the Applicant's eligibility to compete for the Grant Award.

2.4 PROGRAM REQUIREMENTS

To meet the mission and objectives of the program, successful Respondents must be in compliance with all Program requirements as set forth within **Exhibit F, PHC Contract**, which is attached and incorporated by reference hereto.

2.5 SCOPE

HHSC seeks qualified Respondents to provide Program services in all HHSC regions throughout the State of Texas.

The successful Respondents shall provide six priority primary health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services to the medically indigent. Health education shall be an integral component of any such service.

For a detailed description of the contractually required Program services see **Exhibit F, PHC Contract**.

2.5.1 Budget Detail

Using **Form H, PHC Budget Detail**, Applicant must develop an administrative costs budget, where costs may be allocated to any of the following categories the Applicant identifies during its budget development process:

Personnel
Travel
Equipment
Supplies
Contractual
Other
Indirect Costs

2.5.2 Indirect Cost Rates (ICR)

All Applicants requesting to recover indirect costs are required to complete and submit **Form M, Texas HHSC Indirect Costs Rate Questionnaire** along with the required supporting documentation as referenced in **Form M, Texas HHSC Indirect Costs Rate Questionnaire** associated with the Applicant's response. This questionnaire will initiate the acknowledgment or approval of an ICR for use with the HHS System Agency cost-reimbursable contracts.

HHS will recognize the following pre-approved ICR:

- A. Federally Approved Indirect Cost Rate Agreement
- B. State of Texas Approved Indirect Cost Rate Agreement

If the Applicant does not have one of the options listed above, they may be eligible for the 10% De Minimis or request to negotiate an ICR with HHS. For Applicants requesting to negotiate an ICR with HHS, the HHS ICR Proposal Package will be provided Post-Award by the HHS System Federal Funds ICR team and must be completed in conjunction with the "ICR Questionnaire" no later than ninety (90) calendar days after Contract execution.

The HHS System Federal Funds ICR team will reach out to applicable Grantees after Grant Award, to complete the ICR process. Grantee should respond within thirty (30) business days or the request will be cancelled.

Once HHS acknowledges an existing rate, or approves an ICR, the Grantee will receive one of the three (3) indirect cost approval letters: 1) ICR Acknowledgement Letter, 2) ICR Acknowledgement Letter – 10% De Minimis, or 3) the ICR Agreement Letter.

If an ICR Letter is required but it is not issued at the time of Contract execution, the Parties agree to amend the Contract to include the ICR Letter as Attachment J of the Contract and revise Attachment B of the Contract when the ICR Letter is issued.

If HHSC, at its sole discretion, approves or acknowledges an updated ICR, the new rate, together with the revised ICR Acknowledgement Letter, ICR Acknowledgement Letter – 10% De Minimis, or the ICR Agreement Letter, will be included in the revised Attachment N and amended Attachment B of the PHC Contract.

Approval or acceptance of an ICR will not result in an increase in the amount Awarded or affect the agreed upon service or performance levels throughout the life of the Award.

2.6 PERFORMANCE MEASURES

HHSC will monitor the performance of Grants awarded under this Solicitation. Monitoring will be conducted for fiscal, programmatic, and administrative components of the Grant. All services and deliverables under the Grant shall be provided based on performance measures and in a manner consistent with acceptable industry standard, custom, and practice.

Performance will be measured using data obtained from **Form N: R-1 Ceiling Request and Performance Measures**. Specifically, performance will be measured based on the following:

- A. The unduplicated number of Clients served by Applicant during the applicable budget period.

- B. The average cost per Client for each proposed service during the applicable budget period is \$250.00. Applicant must provide a justification for a higher cost per Client dollar amount.
- C. The outcomes of providing services and supports as part of the Proposed Project. Applicants will be required to demonstrate the effectiveness of clinical services provided by conducting pre-and post-assessments with Clients and ensuring satisfaction questionnaires are completed by Clients who received services as part of the program. Refer to **Form L, Service Delivery Plan**

2.7 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

- A. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- B. Lobbying;
- C. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- D. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- E. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- F. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- G. Promotional gifts;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with Grant-related travel or where pre-approved for working events;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the Grant Project;
- K. Any use of Grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-Grant sources;
- L. Fundraising;
- M. Statewide projects;
- N. Any other prohibition imposed by federal, State, or local law; and
- O. The acquisition or construction of facilities.

2.8 STANDARDS

2.8.1 Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards ([2 CFR 200](#)); the [Uniform Grant Management Standards \(UGMS\)](#), and all statutes, requirements, and guidelines applicable to this funding.

2.8.2 Nondiscrimination

Grantees are required to conduct Project activities in accordance with federal and State laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) [Civil Rights Office website](#).

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than ten (10) calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Any Grantee receiving funding through this Solicitation must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of sex; race; color; national origin; disability; age; religion; actual or perceived sex, including gender identity; or actual or perceived sexual orientation.

Grantee must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16 which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

2.9 DATA USE AGREEMENT

By entering into a Grant Agreement with HHSC as a result of this Solicitation, Applicant agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit C, Texas HHS System Data Use Agreement**.

Applicants must submit **Exhibit C, Texas HHS System Data Use Agreement**, the Texas HHS System Data Use Agreement, and **Exhibit C-1, Security and Privacy Inquiry (SPI) Form**, with their Application.

2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

HHSC makes no guarantee of volume, usage, or total compensation to be paid to any Applicant under any awarded Grant, if any, resulting from this Solicitation, any awarded Grant is subject to appropriations and the continuing availability of funds.

HHSC reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grantee. Any additional funding or future funding may require submission of an Application through a subsequent Solicitation.

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ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	April 2, 2020
Deadline for Submitting Questions	April 9, 2020 by 5:00pm CST
Answers to Questions Posted	April 16, 2020
Deadline for Application submission [NOTE: Application must be <u>RECEIVED</u> by HHSC by the deadline.]	April 23, 2020 by 2:00pm CST
Anticipated Notice of Award	September 1, 2020
Anticipated Contract Start Date	September 1, 2020

Note: These dates are a tentative schedule of events. HHSC reserves the right to modify these dates at any time upon notice posted to the [HHSC Grants](#), and [Texas.gov eGrants](#) websites. Any dates listed after the Solicitation Response deadline will occur at the discretion of the HHSC and may occur earlier or later than scheduled without notification on the [HHSC Grants](#), and [Texas.gov eGrants](#) websites.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

HHSC reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of HHSC and will post such on the [HHSC Grants](#), and [Texas.gov eGrants](#) websites. It is the responsibility of Applicant to periodically check the [HHSC Grants](#), and [Texas.gov eGrants](#) websites to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Point of Contact listed in **Section 3.4.1, Point of Contact** as soon as possible so corrective addenda may be furnished to prospective Applicants.

3.4 INQUIRIES

3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to HHSC's Point of Contact addressed to the person listed below. All communications between Applicants and other System Agency staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this Solicitation. **Failure to comply with these requirements may result in disqualification of Application.**

Amy Pearson
Health and Human Services Commission
1100 West 49th Street; Mail Code 2020, Building S
Austin, TX 78756
amy.pearson@hhsc.state.tx.us

3.4.2 Prohibited Communications

All communications between Applicants and other System Agency staff members concerning the Solicitation may not be relied upon and responded should send all questions or other communications to the point of contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Application.**

3.4.3 Questions

HHSC will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Point of Contact listed in **Section 3.4.1, Point of Contact** above. Applicants' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- A. Identifying Solicitation number
- B. Section Number
- C. Paragraph Number
- D. Page Number
- E. Text of passage being questioned
- F. Question

Note: Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.1 above. However, HHSC, at its sole discretion, may respond to questions or other written requests received after the deadline. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification Request made by Applicant

Applicants must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.4.5 Responses

Responses to questions or other written requests for clarification will be posted on the [HHSC Grants](#), and [eGrants](#) websites. HHSC reserves the right to amend answers prior to the deadline of Application submissions. Amended answers will be posted on the [HHSC Grants](#), and [eGrants](#) websites. It is Applicant's responsibility to check the websites or contact the Point of Contact for updated responses. HHSC also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all questions they choose to answer in any manner at the System Agency's sole discretion.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All Applications must be:

- A. Clearly legible;
- B. Sequentially page-numbered and include the Applicant's name at the top of each page;
- C. Organized in the sequence outlined in **Article IX – Application Submission Checklist**;
- D. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- E. Correctly identified with the Solicitation number and submittal deadline;
- F. Responsive to all Solicitation requirements; and
- G. Signed by an authorized official in each place a signature is needed

3.5.2 Application Submission in Separate Parts

The complete Solicitation Project must include the "Original" Solicitation response in electronic form (flash drive or USB) consisting of the four (4) parts listed below, separated by folders and three (3) additional electronic copies (all clearly labeled as "copy") submitted on separate USBs. The entire application must be submitted in one package to HHSC at the address listed in **Section 3.6.3, Delivery**. The number of copies and directions for submitting are outlined in **Article IX, Application Submission Checklist**.

- 1. Administrative Information, including all forms;
- 2. Narrative Proposal, including all forms;
- 3. Expenditure Proposal; and
- 4. Applicable Exhibits and Required Forms.

3.5.3 Exceptions

HHSC will more favorably evaluate responses that offer no or few exceptions, reservations, or limitations to the terms and conditions of the Solicitation.

Applicants are highly encouraged, in lieu of including exceptions in their Solicitation responses, to address all issues that might be advanced by way of exception by submitting such issues pursuant to **Section 3.4.3, Questions**. Any exception included in a Solicitation response may result in an Applicant not being awarded a Contract. If an Applicant includes exceptions in its Application, Applicant is required to use **Exhibit E, Exceptions and Assumptions Form** and provide all information requested on the form (Solicitation Section Number, Solicitation Section, Language to which Exception is Taken, Proposed Language, and Statement as to whether or not, by indicating only "yes" or "no," Applicant still wants to be considered for a Grant Award if the exception is denied). Any exception that does not provide all required information without qualification in the format set forth in **Exhibit E, Exceptions and Assumptions Form** may be rejected without consideration.

No exception, nor any other term, condition, or provision in an Application that differs, varies from or contradicts this Solicitation will be considered to be part of

any Grant Award resulting from this Solicitation, unless expressly made a part of the Grant Award in writing by HHSC.

An Application should be responsive to the Solicitation as worded, not with any assumption that any or all terms, conditions, or provisions of the Solicitation will be negotiated. Furthermore, all Applications constitute binding offers. **Any Application to this Solicitation that includes any type of disclaimer or other statement indicating that the Application does not constitute a binding offer may be disqualified.**

3.5.4 Assumptions

Applicant must identify on **Exhibit E, Exceptions and Assumptions Form** any business, economic, legal, programmatic, or practical assumptions that underlie the Application to the Solicitation. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into any Grant Award resulting from this Solicitation are deemed rejected by HHSC.

3.6 SOLICITATION PACKAGE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Packages must be received at the address in **Section 3.6.3, Delivery** and time-stamped by HHSC no later than the date and time specified in **Section 3.1, Schedule of Events**.

3.6.2 Labeling

Complete Solicitation Packages shall be placed in a sealed box or envelope and clearly labeled as follows:

SOLICITATION NO.: HHS0006979

SOLICITATION NAME: Primary Health Care Services

APPLICANT NAME:

REGION OF APPLICATION:

APPLICATION SUBMISSION DEADLINE: April 23, 2019 2:00pm CST

PURCHASER: Amy Pearson

HHSC will not be held responsible for any Solicitation Package that is mishandled prior to receipt by HHSC. It is Applicant's responsibility to mark appropriately and deliver the Solicitation Package to HHSC by the specified date and time.

3.6.3 Delivery

Applicant must deliver Solicitation Package by one of the methods below to the address noted. Applications submitted by any other method (e.g. facsimile, telephone, email) will NOT be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

HHSC Procurement and Contracting Services (PCS)
Bid Room
Attn: Amy Pearson
Health and Human Services Commission
1100 West 49th Street; Mail Code 2020
Building S
Austin, TX 78756

Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Applicant.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, an Applicant may: (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1, Point of Contact**; or (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1, Point of Contact**. HHSC may request Solicitation Response Modifications at any time.

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ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

Those Applicants making it through the initial review process will be invited to submit additional information and to participate in a negotiation process which will determine final selection. The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application and negotiations. Funded amounts may differ from those requested. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC.

A three-step selection process will be used:

- A. Eligibility screening;
- B. Evaluation based upon specific selection criteria; and
- C. Final selection based upon State priorities.

4.1.1 Eligibility Screening

Applications will be reviewed for eligibility requirements listed in **Section 2.3, Eligible Applicants**, and that all required documents were received as stated in **Article IX Application Submission Checklist**. Applications with significant errors, omissions, or eligibility issues may not be screened or evaluated at HHSC's discretion.

4.1.2 Evaluation

Applications will be evaluated and scored in accordance with the factors required by program criteria in this Solicitation using **Exhibit G, Evaluation Tool**.

- A. Respondent Background, (20%);
- B. Assessment Narrative, (20%);
- C. Budget Detail, (30%);
- D. Service Delivery Plan (30%)

4.2 FINAL SELECTION

HHSC intends on making multiple awards. After initial screening for eligibility, Application completeness, and initial scoring of the elements listed above in **Section 4.1.2, Evaluation**, an evaluation committee will look at all eligible respondents to determine which proposals should be awarded in order to most effectively accomplish State priorities. The evaluation committee will recommend Grant Awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the State, State priorities, reasonableness, availability of funding, cost-effectiveness,

and other relevant factors. If no applicants are received in a specific region, HHSC reserves the right to re-distribute funds and/or re-post solicitation for initial applicants.

4.3 NEGOTIATION AND AWARD

The specific dollar amounts awarded to each Grantee will depend upon the merit and scope of the Application, the recommendation of the evaluation committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an Award.

The negotiation phase will involve direct contact between the Apparent Awardee and HHSC representatives via phone and/or email. During negotiations, Apparent Awardees may expect:

- An in-depth discussion of the submitted proposal and budget; and
- Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the Contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or Apparent Awardees once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit E, Exceptions and Assumptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's proposal or at a later date.

HHSC will post to the [eGrants](#) and [HHS Grant](#) websites and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Application and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

4.4 QUESTIONS OR REQUESTS FOR CLARIFICATION BY HHSC

HHSC reserves the right to ask questions or request clarification from any Applicant at any time during the Application process.

ARTICLE V. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Executive Summary

Using **Form D, Respondent Background** Applicant will provide a high-level overview of the Applicant's approach to meeting the Solicitation's requirements. The summary must demonstrate an understanding of the goals and objectives of the Grant.

5.1.2 Project Work Plan

Utilizing **Forms A through N** of this solicitation, Applicants will describe the proposed services, processes, and methodologies for meeting all components described in **Article II, Scope of Grant Award**. Applicant should identify all tasks to be performed, including all Project activities, to take place during the Grant funding period. Applicant will also include all documents requested as part of completing forms to demonstrate fulfilling the requirements of **Article II, Scope of Grant Award**.

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ARTICLE VI. REQUIRED APPLICANT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Applicant must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As part of this Solicitation Response requested in **Article III, Administrative Information**, Respondent must provide the information utilizing the applicable Form A and Form B.

6.1.2 LITIGATION AND CONTRACT HISTORY

Applicant must include in its Application a complete disclosure of any alleged or significant contractual failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant.

Application may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

6.1.3 CONFLICTS

Applicant must certify in **Form B, Administrative Information**, that it does not have any personal or business interests that present a conflict of interest with respect to the Solicitation and any resulting Grant Award. Additionally, if applicable, the Applicant must disclose all potential conflicts of interest. The Applicant must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the Contract. Failure to identify actual and potential conflicts of interest may result in disqualification of an Application or termination of a Contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to [Section 2252.908 of the Texas Government Code](#), a Grantee Awarded a Grant greater than \$1 million dollars, or the successful Grantee to register as a lobbyist under [Texas Government Code, Chapter 305](#), must submit a disclosure of interested parties to the State agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the [Texas Ethics Commission's](#) public website and additional instructions will be given by HHSC to Apparent Awardees.

6.1.4 GRANT APPLICATION DISCLOSURE

In an effort to maximize State resources and reduce duplication of effort, HHSC, at its discretion, may require the Applicant to disclose information regarding previous application

for or award of State, federal, and/or local Grant funding by the Applicant or Community Collaborative member organization within the past two years to provide PHC services.

6.1.5 AFFIRMATIONS AND CERTIFICATIONS

Applicant must complete and return all of the following listed forms and exhibits. Exhibits are listed following **Article X – List of Exhibits and Forms**.

- A. Exhibit A, Affirmations and Solicitation Acceptance
- B. Exhibit D, Certification Regarding Lobbying
- C. Exhibit E, Exceptions and Assumptions Form

6.1.6 INSURANCE

A. General Insurance Requirements

1. Grantee shall carry insurance in the types and amounts indicated in this Exhibit for the duration of the Contract. The insurance shall be evidenced by delivery to System Agency of certificates of insurance executed by the insurer or its authorized agent stating coverages, limits, expiration dates and compliance with all applicable required provisions. Upon request, System Agency, and/or its agents, shall be entitled to receive without expense, copies of the policies and all endorsements.
2. Grantee shall update all expired policies prior to submission for monthly payment. Failure to update policies shall be reason for withholding of payment until renewal is provided to System Agency.
3. Grantee shall provide and maintain all insurance coverage with the minimum amounts described throughout the life of the Contract.
4. Failure to maintain insurance coverage, as required, is grounds for suspension of work for cause.
5. Grantee shall deliver to System Agency true and complete copies of certificates and corresponding policy endorsements upon award.
6. Failure of System Agency to demand such certificates or other evidence of Contractor's full compliance with these insurance requirements or failure of System Agency to identify a deficiency in compliance from the evidence provided shall not be construed as a waiver of Contractor's obligation to maintain such insurance.
7. The insurance and insurance limits required herein shall not be deemed as a limitation on Contractor's liability under the indemnities granted to System Agency in the Contract.
8. The insurance coverage and limits established below shall not be interpreted as any representation or warranty that the insurance coverage and limits necessarily will be adequate to protect Contractor.
9. Coverage shall be written on an occurrence basis by companies authorized and admitted to do business in the State of Texas and rated A or better by A.M. Best Company or similar rating company or otherwise acceptable to System Agency.

B. Policies must include the following clauses, as applicable:

1. This insurance shall not be canceled, materially changed, or non-renewed except after thirty (30) days written notice has been given to System Agency.
2. It is agreed that Contractor's insurance shall be deemed primary with respect to any insurance or self-insurance carried by System Agency for liability arising out of operations under the Contract with System Agency. Texas Health and Human Services Commission, its officials, directors, employees, representatives, and volunteers are added as additional insureds as respects operations and activities of, or on behalf of the named insured performed under Contract with System Agency. The additional insured status must cover completed operations as well. This is not applicable to workers' compensation policies.
3. A waiver of subrogation in favor of Texas Health and Human Services Commission shall be provided in all policies.
4. Without limiting any of the other obligations or liabilities of Contractor, Grantee shall require each SubGrantee performing work under the Contract, at Subcontractor's own expense, to maintain during the term of the Contract, the same stipulated minimum insurance including the required provisions and additional policy conditions as shown above.
5. As an alternative, Grantee may include its Subcontractors as additional insureds on its own coverage as prescribed under these requirements. Contractor's certificate of insurance shall note in such event that Subcontractors are included as additional insureds and that Grantee agrees to provide workers' compensation for Subcontractors and their employees. Grantee shall obtain and monitor the certificates of insurance from each SubGrantee in order to assure compliance with the insurance requirements. Grantee must retain the certificates of insurance for the duration of the Contract plus seven (7) years and shall have the responsibility of enforcing these insurance requirements among its Subcontractors. Owner shall be entitled, upon request and without expense, to receive copies of these certificates.

C. Specific Insurance Coverage Required.

1. **Workers' Compensation.** Insurance with limits as required by the Texas Workers' Compensation Act, with the policy endorsed to provide a waiver of subrogation in favor of Health and Human Services Commission, employer's liability insurance of not less than:

\$1,000,000 each accident;

\$1,000,000 disease each employee; and

\$1,000,000 disease policy limit.

Workers' compensation insurance coverage must be provided for all workers at all tier levels and meet the statutory requirements of Texas Labor Code.

2. **Commercial General Liability Insurance.** Including premises, operations, independent contractor's liability, products and completed operations and contractual liability, covering, but not limited to, the liability assumed under the indemnification provisions of this Contract, fully insuring Contractor's liability for bodily injury (including death) and property damage with a minimum limit of:

\$1,000,000 per occurrence;
\$2,000,000 general aggregate;
\$5,000 Medical Expense each person;
\$1,000,000 Personal Injury and Advertising Liability;
\$2,000,000 products and completed operations aggregate;
\$50,000 Damage to Premises Rented to You; and
Coverage shall be on an “occurrence” basis.

The policy shall include endorsement CG2503 Amendment of Aggregate Limits of Insurance (per Project) or its equivalent.

The term “You” as reference in Subsection above, means the Contractor.

3. **Comprehensive Automobile Liability Insurance**, covering owned, hired, and non-owned vehicles, with a minimum combined single limit for bodily injury (including death) and property damage of \$1,000,000 per accident. No aggregate shall be permitted for this type of coverage.

4. **Umbrella Liability Insurance**. Grantee shall obtain, pay for and maintain umbrella liability insurance during the Contract term, insuring Grantee for an amount of not less than amount \$1,000,000 that provides coverage at least as broad as and applies in excess and follows form of the primary liability coverages required hereinabove.

The policy shall provide “drop down” coverage where underlying primary insurance coverage limits are insufficient or exhausted.

5. **Cyber/Privacy Liability Insurance Policy**. Grantee shall provide Cyber/Privacy Liability Insurance to cover risk of loss to electronic data. The policy must include coverage for electronic vandalism to electronic data, including coverage for a third party's willful electronic alteration of data, introduction of viruses which impact electronic data, unauthorized use of electronic data, or denial of service to web site or email destinations.

Cyber Liability Insurance \$1,000,000 Claim/\$1,000,000 Aggregate.

6. **Professional Liability Insurance**. Grantee shall obtain, pay for and maintain professional liability errors and omissions insurance during the Contract term, insuring Grantee for an amount of not less than \$1,000,000.

6.1.7 HUB

If a successful Applicant chooses to subcontract for goods and services using the funding awarded in this Grant, HHSC encourages the Applicant to use HUBs to provide those goods and services where possible.

ARTICLE VII. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

Attached **Form H, PHC Budget Detail** and **Form M, Texas HHSC Indirect Costs Rate Questionnaire** of this Solicitation includes the template for submitting the Expenditure Proposal. Respondents must complete these forms and place them in a separate, sealed package, clearly marked with Respondent's name, the RFA number, and the RFA submission date.

Applicants must base their Expenditure Proposal on the Scope of Work described in **Article II, Scope of Grant Award**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Applicants must demonstrate that Project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable State and federal Grant requirements.

Applicant must utilize **Form H, PHC Budget Detail** and identify costs to be requested from HHSC. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

Costs will be reviewed by HHSC for compliance with [UGMS](#) and federal Grant guidance found in [2 CFR Part 200](#), as modified by [UGMS](#), with effect given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Proposal will be entered by the Applicant into budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

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ARTICLE VIII. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Applicants understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a Grant or to pay any costs incurred by an Applicant in the preparation of a response to this Solicitation. HHSC is not liable for any costs incurred by an Applicant prior to issuance of or entering into a formal agreement, Grant, Contract, or purchase order. Costs of developing the Application, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Contract Responsibility

HHSC will look solely to Applicant for the performance of all contractual obligations that may result from an award based on this Solicitation. Applicant shall not be relieved of its obligations for any nonperformance by its contractors.

8.1.3 Public Information Act

Applications are subject to the Texas Public Information Act (“**PIA**”), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Applicants who wish to protect portions of the Application from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

Amendments to the PIA passed during the 86th Legislative Session, specifically make “contracting information” public information that must be disclosed in response to a public information request unless otherwise excepted by the Act. Tex. Gov’t Code §§ 552.003(7), 552.0222.

In addition, pursuant to Texas Government Code Section 2261.253(a), HHSC is required to post executed Contracts and the associated Solicitation documents on the agency website. Contract documents posted to the web may include the Application of any Applicant receiving a Contract.

HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA. Applicants are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. If it is necessary for Applicant to include proprietary or confidential information (which may include, but is not limited to, trade secrets or privileged information), Applicant must clearly mark in bold red letters the term “CONFIDENTIAL” using at least 14-point font, on that specific part or page of the submittal which Respondent believes to be confidential. All submittals and parts of submittals that are not marked confidential will be automatically considered to be public information. Should trade secrets or proprietary or otherwise confidential information be included in the submitted

electronic copy, the content should be marked in the same manner as the original as stated above.

In addition, Applicant should mark the medium with the word “CONFIDENTIAL.” If HHSC receives a public information request seeking information marked by Respondent as confidential, Applicant will receive notice of the request as required by the Texas Public Information Act.

If HHSC receives a public information request for submittals and parts of submittals that are not marked confidential, the information will be disclosed to the public as required by the Texas Public Information Act. Note that pricing is not generally considered confidential under the Texas Public Information Act. Merely making a blanket claim that the entire Application is protected from disclosure because it contains any amount of proprietary or confidential information is not acceptable and may make the entire Application subject to release under the PIA.

8.1.4 News Releases

Prior to final award an Applicant may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in **Section 3.4.1, Point of Contact**.

8.1.5 Additional Information

By submitting an Application, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant’s and its directors’, officers’, and employees’: (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with contract requirements. By submitting an Application, an Applicant generally releases from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in evaluating Applications.

ARTICLE IX. APPLICATION SUBMISSION CHECKLIST

This checklist is provided for Applicant's convenience only and identifies documents that must be submitted with the Application in order to be considered responsive. Any Application received without these requisite documents may be deemed non-responsive and may not be considered for award.

Complete Solicitation Response Package

The Complete Solicitation Package must include the "Original" Application in **electronic form** (Flash drive or USB) consisting of the four (4) parts detailed below, separated by folders, and three (3) additional **electronic** copies (all clearly labeled as "copy") submitted on separate USBs.

1. Administrative Information (Forms A through C)

Form A: Face Page
Form B: Administrative Information
Form C: Governmental Entity - Authorized Officials
Form C-1: Nonprofit or For-Profit Entity - Board of Directors and Principal Officers

2. Narrative Proposal Forms (Forms D through M)

Form D: Respondent Background
Form E: Assessment Narrative
Form F: Respondent Site Readiness
Form G: PHC Clinic Sites
Form J: PHC Subcontractor Information
Form K: Contact Person Information – PHC Services
Form L: Service Delivery Plan for PHC Services
Form M: Texas HHSC Indirect Costs Rate Questionnaire

3. Ceiling Request and Performance Measures (Forms H, N)

Form H: PHC Budget Detail
Form N: R-1: Ceiling Request and Performance Measures

4. Exhibits

Exhibit A: Affirmations and Solicitation Acceptance
Exhibit C: Texas HHS System Data Use Agreement
Exhibit C-1: Security and Privacy Inquiry Form
Exhibit D: Certification Regarding Lobbying
Exhibit E: Exceptions and Assumptions Form, if applicable

Copies of Solicitation Response Package

Respondent will provide the following number of **electronic** copies (all clearly labeled as "copy") in addition to the hard-copy "Original" Solicitation Response. Electronic copies must be submitted on a USB Drive and separated by folders.

- **1** Electronic copy of **Administrative Information**
- **1** Electronic copy of **Narrative Proposal**
- **1** Electronic copy of **Expenditure Proposal**
- **1** Electronic copy of **Applicable Exhibits**

ARTICLE X. LIST OF EXHIBITS AND FORMS

10.1 EXHIBITS

Exhibit A: Affirmations and Solicitation Acceptance
Exhibit B: HHSC Uniform Terms and Conditions – Grant v2.16
Exhibit C: Texas HHS System Data Use Agreement
Exhibit C-1: Security and Privacy Inquiry Form
Exhibit C-2: Texas HHS System Data Use Agreement, Governmental Entities (if applicable)
Exhibit D: Certification Regarding Lobbying
Exhibit E: Exceptions and Assumptions Form
Exhibit F: PHC Contract Template
Exhibit G: Evaluation Tool – PHC
Exhibit H: Primary Health Care Policies and Procedures Manual-FY16

10.2 FORMS

Form A: Face Page
Form B: Administrative Information
Form C: Governmental Entity - Authorized Officials
Form C-1: Nonprofit or For-Profit Entity - Board of Directors and Principal Officers
Form D: Respondent Background
Form E: Assessment Narrative
Form F: Respondent Site Readiness
Form G: PHC Clinic Sites
Form H: PHC Budget Detail
Form J: PHC Subcontractor Information
Form K: Contact Person Information – PHC Services
Form L: Service Delivery Plan for PHC Services
Form M: Texas HHSC Indirect Costs Rate Questionnaire
Form N: R-1: Ceiling Request and Performance Measures

10.3 ATTACHMENTS

Attachment A: HHSC Regional Coverage Map